

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
Steve Troxler, Commissioner
FOOD AND DRUG PROTECTION DIVISION
Joseph W. Reardon, Director

APPLICATION FOR PRESCRIPTION DRUG REGISTRATION

NCGS 106-140.1 - Registration of Producers of Prescription Drugs and Devices

Fees: Manufacturer or Repackager - \$500.00; Wholesaler - \$350.00

Type or print answers to all questions. Use "Not Applicable" where appropriate. Pay fee by check or money order payable to "North Carolina Department of Agriculture and Consumer Services". **Do Not Send Cash.** Complete and return application, along with fee, to:

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
FOOD AND DRUG PROTECTION DIVISION
1070 MAIL SERVICE CENTER, RALEIGH, NC 27699-1070
TELEPHONE: 919-733-7366; FAX: 919-733-6801
E-Mail: dan.ragan@ncmail.net or sharon.fields@ncmail.net

Check One:

☐ Manufacturer

☐ Repackager

☐ Wholesaler

1. Name of Establishment

2. Telephone Number

3. Street Address

4. City, State, Zip Code

E-Mail Contact _____

*If not in North Carolina, licensing agency and license number in home state _____

5. Mailing Address if different from above

6. If branch or subsidiary, name and mailing address of main office or parent firm

7. If main office or parent firm, name(s) and address(es) of branch or subsidiary firms
(Use attachments if necessary)

8. Date _____

Applicant Name _____

Title _____

Applicant Signature _____

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
STEVE TROXLER, COMMISSIONER
FOOD AND DRUG PROTECTION DIVISION
JOSEPH W. REARDON, DIRECTOR
1070 MAIL SERVICE CENTER, RALEIGH, NC 27699-1070
TELEPHONE: (919) 733-7366 FAX: (919) 733-6801

DRUG DISTRIBUTOR LICENSE VERIFICATION AFFIDAVIT

APPLICANT: COMPLETE ITEMS 1-7 ONLY, THEN FORWARD TO THE LICENSING AGENCY FOR THE STATE IN WHICH YOU ARE LOCATED. CHECK WITH THAT AGENCY FOR VERIFICATION OF FEE CHARGES. AFFIDAVIT IS TO BE FILLED OUT COMPLETELY WHEN RECEIVED IN THIS OFFICE.

1. Name of Establishment to be Licensed _____

2. Address (Street, City, State, Zip Code) _____

3. Corporate Name _____

4. Type of Operation ☐ Distributor/Wholesaler ☐ Repackager ☐ Manufacturer ☐ Relabeler

5. Type of Drugs (Check all that apply) ☐ Prescription ☐ Controlled Substances

6. I HEREBY AUTHORIZE THE (your state licensing agency) _____
TO FURNISH TO THE N. C. DEPT. OF AGRICULTURE & CONSUMER SERVICES, FOOD AND DRUG
PROTECTION DIVISION, THE INFORMATION REQUESTED BELOW.

7. Signature of Applicant (Corp., Partnership, Individual Owner) _____

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HOME STATE LICENSING AGENCY

License Number _____	Date License Issued _____	Date License Expires _____
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HAS THIS LICENSE BEEN ENCUMBERED IN ANY WAY? TYPE OF ENCUMBRANCE

☐ YES ☐ NO ☐ REVOKED ☐ SURRENDERED ☐ LIMITED

8. ☐ SUSPENDED ☐ RESTRICTED ☐ PROBATION
PLEASE ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS.

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS

Has the applicant been convicted under any federal, state or local laws relating to drug samples, wholesale ☐ YES ☐ NO
or retail drug distribution, or distribution of controlled substances? (If yes, please explain.)

Has the applicant furnished any false or fraudulent material in any application made in connection with drug
manufacturing or distribution? (If yes, please explain.) ☐ YES ☐ NO

Has any inspection of the applicant resulted in deficiency ratings? (If yes, please explain.) ☐ YES ☐ NO

Has the applicant met all licensing requirements of your state? (If not, please explain.) ☐ YES ☐ NO

BOARD SEAL AREA, AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW

NAME _____

9. STATE _____ TITLE _____

DATE _____ SIGNATURE _____

PLEASE RETURN THIS COMPLETED AFFIDAVIT ALONG WITH THE APPLICATION TO THE N. C. DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.